

VOLUNTARY STATEMENT

NAVEUR NAVSUPPACT NAPLES 1630/20 (New 11-01)

1. PLACE: _____

2. DATE/TIME: _____

Sponsor: _____
(IF DEPENDENT, FILL OUT SPONSOR'S INFORMATION)I, _____
(LAST NAME, FIRST, MI / GRADE / BRANCH OF SERVICE / SSN / DUTY STATION / UIC)make the following free and voluntary statement to _____
whom I know to be a **NAVSUPPACT Naples Security Police Patrol Person**. I make this statement of my
own free will and without any threats or promises extended to me. I fully understand that this statement is
given concerning my knowledge of _____For identification purposes, I was born on _____ in _____
(DD / MM / YY) (CITY) (STATE) (COUNTRY)I am a _____ male / female, my height in inches is _____, and I weigh _____ pounds
(RACE) (CIRCLE ONE)I have _____ hair and _____ eyes. My military mailing address is PSC _____ Box _____
FPO AE _____. My duty / work phone number is _____My European street address is _____
My home phone number is _____

Signature: _____

Subscribed and sworn / affirmed before me this _____ day of _____ 19____ at Naples, Italy.

Signature: _____ Printed name: _____ Auth: UCMJ Art. 136 (B)(4)